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Family Name:

Name Suffix:

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Postal Address Line Two

City:

State or Province: Postal or Zip Code:

Citizenship Country:

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Family Name:

Name Suffix:

Postal Address Line One

Postal Address Line Two

City:

State or Province: Postal or Zip Code: Citizenship Country:

Inventor Three Given Name:

Family Name:

Name Suffix:

Postal Address Line One

Postal Address Line Two

City:

State or Province: Postal or Zip Code: Citizenship Country:

**Inventor Four Given Name:** 

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## **Application Information**

Title Line One: APL IMMUNOREACTIVE PEPTIDES,

Title Line Two: CONJUGATES THEREOF AND METHODS

Title Line Three: OF TREATMENT FOR APL

Title Line Four: ANTIBODY-MEDIATED PATHOLOGIES

Total Drawing Sheets: 32
Formal Drawings?: No
Application Type: Utility

Docket Number: 252312006103

**Representative Information** 

Representative Customer Number: 25226

# **Continuity Information**

This application is a: > Application One:

Filing Date:

which is a:

>>Application Two:

Filing Date:

which is a:

>>>Application Three:

Filing Date:

which is a:

>>>Application Four:

Filing Date:

Continuation-in-part of 08/660,092

June 6, 1996

Continuation of

Continuation of

**December 5, 1996** 

September 24, 1998

09/160,513

08/760,508

Continuation-in-part of

08/482,651 June 7, 1995

# **Prior Foreign Applications**

Foreign Application One:

Filing Date: Country:

Priority Claimed: